CLAIMS ONLY

Application Number	Filing Date
10/000177	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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50												
Total Indep							2					
Total Depend							9					
Total Claims							11					

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	Indep	Depend	Indep	Depend	Indep	Depend
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63	1					
64	1					
65		2				
66		1				
67		1				
68		1				
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Total Indep	2					
Total Depend	9					
Total Claims	11					